	Under the Pananumst C	9/8/	156	04	V.O. ram 9	Approv	ed for use	through 7/31/20	06. OMB 065140	
	PATEN	Approved The Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information un PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					unless it d	Application or Docket Number		
	CLAIMS AS FILED - PART ((Column 1) (Column 2)				SMALL ENȚITY		. OF	OT,	OTHER THAN SMALL ENTITY	
	FOR NUMBER FILED N			MBER EXTRA	RATE	FEE		RATE	FEE	
	TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =		n = 1.			\$	OF		\$	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus			X \$		OR	X \$:	=	
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In column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	+\$=	-	
OR TOTAL OR TOTAL									<u> </u>	
ı	γ	olumn 1) . CLAIMS	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHE SMAI	R THAN LENTITY	
		MAINING Minus	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
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	(37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b))	·			X \$=		OR	X \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				X \$=		OR	x \$=		
	T TOTAL THE DEPENDENT CLAIM (37 CFR 1.16(d))				+s= TOTAL ADD'L FEE		OR L	+s= TOTAL ADD'L FEE		
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O THUMBNOW A	I REMA	AIMS AINING TER DMENT Minus	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL ** FEE	. [RATE	ADDI- TIONAL FEE	
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AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR.1.16(d))				X \$=		OR 2	(\$ =		
(37 CFR.1.16(d))					ts_ =			OTAL =		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

* This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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